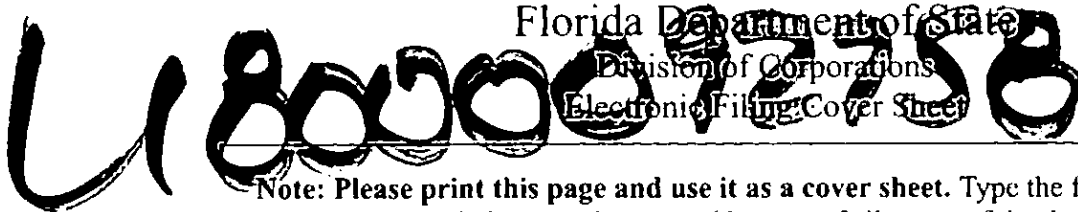


12/7/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000417706 3))



H200004177063ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : JSD & COMPANY PA  
Account Number : I20190000114  
Phone : (786)286-2705  
Fax Number : (305)901-6024

2020 DEC -7 AM 10:55

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: moritoy15@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PRO LOGISTICS FREIGHT LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

2020 DEC -7 PM 3:21

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 08 2020

H20000417706 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO LOGISTICS FREIGHT LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/17/2018 and assigned Florida document number L18000092758

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1728 NE MIAMI GARDEN DR SUITE # 150 NORTH MIAMI BEACH, FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1728 NE MIAMI GARDEN DR SUITE # 150 NORTH MIAMI BEACH, FL 33179

FILED 2020 DEC -7 AM 10:55

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MARIA R. HERNANDEZ

New Registered Office Address: 1728 NE MIAMI GARDEN DR SUITE # 150 Enter Florida street address

NORTH MIAMI BEACH, Florida 33179 City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X [Signature] If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA R. HERNANDEZ	1728 NE MIAMI GARDEN DR SUITE # 150	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	YEIMY UMANA	1010 NE 211 TERR	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 DEC 27 AM 2:55

FILED

H20000417706 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Multiple horizontal lines for amending information.

2020 DEC 7 11:10:55

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 7, 2020

X [Signature] Signature of a member or authorized representative of a member

MARIA RAQUEL HERNANDEZ Typed or printed name of signer